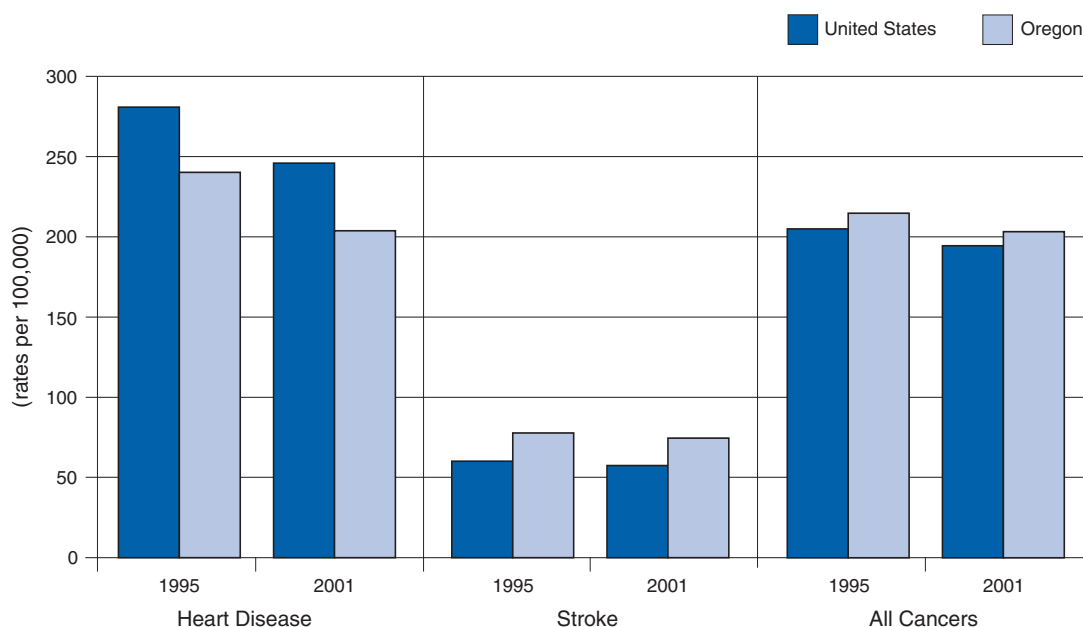


## Chronic Diseases: The Leading Causes of Death

### The Leading Causes of Death

United States and Oregon, 1995 and 2001



Source: National Center for Health Statistics, 2003

### The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

### Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

# The Leading Causes of Death and Their Risk Factors

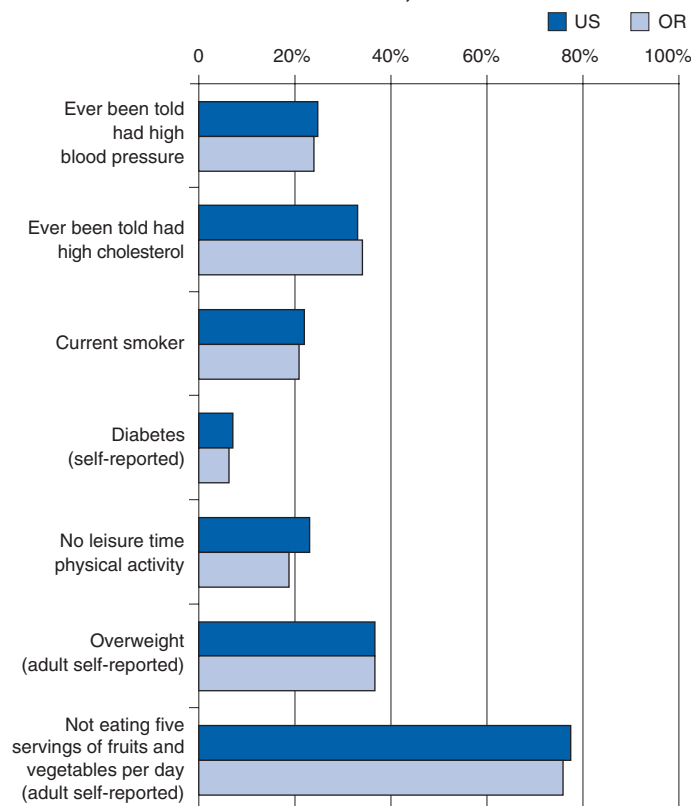
## Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in Oregon, accounting for 7,075 deaths or approximately 23% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 2,558 deaths or approximately 9% of the state's deaths in 2001.

### Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

## Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 7,120 are expected in Oregon. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 17,280 new cases that are likely to be diagnosed in Oregon.

Estimated Cancer Deaths, 2004

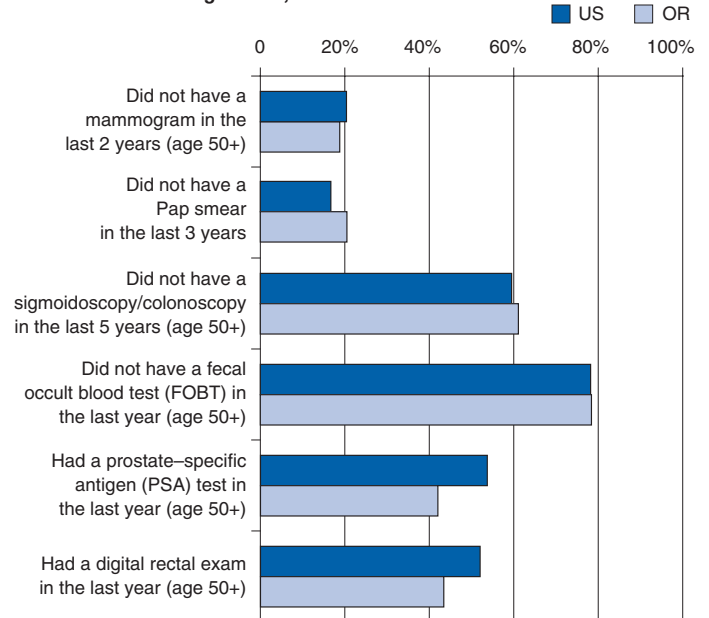
Cause of death	US	OR
All Cancers	563,700	7,120
Breast (female)	40,110	510
Colorectal	56,730	690
Lung and Bronchus	160,440	1,980
Prostate	29,900	380

Source: American Cancer Society, 2004

### Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

# Oregon's Chronic Disease Program Accomplishments

## Examples of Oregon's Prevention Successes

- Statistically significant decreases in cancer deaths among men across all races, from 274.0 per 100,000 in 1990 to 265.9 per 100,000 in 2000.
- An 11.8% decrease in the number of women older than age 50 who reported not having a mammogram in the last 2 years (from 30.6% in 1992 to 18.8% in 2002).
- A higher prevalence rate than the corresponding national rate for individuals who reported that they were neither overweight nor obese (41.7% in Oregon versus 40.0% nationally).

## CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to Oregon in the areas of cancer, heart disease, stroke, and related risk factors.

### CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for Oregon, FY 2003

<b>SURVEILLANCE</b>	
Behavioral Risk Factor Surveillance System (BRFSS) <i>Oregon BRFSS</i>	\$257,723
National Program of Cancer Registries <i>Oregon State Cancer Registry</i>	\$782,347
<b>CHRONIC DISEASE PREVENTION AND CONTROL</b>	
Cardiovascular Health Program <i>Providence St. Vincent Medical Center (Paul Coverdell Stroke Registry)</i>	\$299,919 \$699,031
Diabetes Control Program <i>Oregon Diabetes Control and Prevention Program</i>	\$809,770
National Breast and Cervical Cancer Early Detection Program <i>Oregon Breast and Cervical Cancer Program</i>	\$3,407,028
National Comprehensive Cancer Control Program <i>Health Promotion and Chronic Disease Prevention Program</i>	\$135,317
<b>WISEWOMAN</b>	\$0
<b>MODIFYING RISK FACTORS</b>	
National Tobacco Prevention and Control Program <i>Oregon Tobacco Prevention and Control Program</i>	\$1,408,160
State Nutrition and Physical Activity/Obesity Prevention Program <i>Shape Up Across Oregon</i> <i>Walk to School Day</i>	\$449,471
Racial and Ethnic Approaches to Community Health (REACH 2010) <i>African American Health Coalition, Inc.</i>	\$903,920
<b>Total</b>	<b>\$9,152,686</b>

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

### Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in Oregon that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

# Opportunities for Success

## Chronic Disease Highlight: Cardiovascular Disease

In 2001, cardiovascular disease (CVD) was the leading cause of death in Oregon, accounting for over one third of all deaths. CVD is also a major cause of costly hospitalization and disability. In 2001, there were 50,423 CVD-related hospitalizations in the Oregon; of these hospitalizations, 34,306 were for heart disease and 8,676 were for stroke. These hospitalizations resulted in hospital charges of \$652 million (approximately \$549 million for heart disease and \$103 million for stroke). The average charge for a CVD-associated hospitalization was \$15,500; heart disease hospitalizations averaged \$15,888, and the average stroke-associated hospitalization was \$11,851.

In 2001, the age-adjusted death rates for CVD in Oregon were 42% higher for men (350.5 per 100,000) than women (249.5 per 100,000), but in absolute numbers, more deaths occurred among women (5,592) than among men (5,031). In addition, in Oregon, premature deaths (deaths that occurred in persons younger than age 65) from heart disease were highest among men (21%, compared with 9% for women). Premature deaths from stroke were also highest among men (11%, compared with 6% for women). In addition to the gender disparity in the risk associated with CVD death rates, there is also a racial disparity. African Americans in Oregon have the highest risk for death due to heart disease and stroke; from 1996 to 2000, African Americans in the state had a heart disease death rate of 495 per 100,000, compared with 421 per 100,000 for their white counterparts, although this death rate was lower than the national heart disease death rate for African Americans (662 per 100,000). From 1991 to 1998, the stroke death rate for African Americans was higher than the rate for whites (209 per 100,000 for African Americans compared with 145 per 100,000 for whites). Unlike heart disease, African Americans in Oregon had a higher stroke death rate than the national stroke death rate for African Americans (209 per 100,000 versus 166 per 100,000).

In 2003, Oregon launched its Heart Disease & Stroke Prevention Program, which is funded through a cooperative agreement with the Centers for Disease Control and Prevention. The purpose of the program is to improve cardiovascular health statewide through changes in both the policy and the community environments.

*Text adapted from the Oregon Heart Disease and Stroke Report (2001).*

## Disparities in Health

People of Hispanic origin represent approximately 13% of the U.S. population. According to the 2000 Census, the Hispanic population, which increased by more than 50% from 1990 to 2000, is the fastest growing ethnic group in the United States. Hispanics are Oregon's largest minority population, making up approximately 8% of the state's population. In addition to these residents, the state also has approximately 128,000 migrant and seasonal farm workers.

Compared with other racial and ethnic groups across the state, Hispanics in Oregon have the lowest death rates for heart disease and stroke. From 1996 to 2000, the heart disease death rate for Hispanics in Oregon was 190 per 100,000, compared with 421 per 100,000 for whites, 495 per 100,000 for African Americans, 347 per 100,000 for American Indians/Alaska Natives and 239 per 100,000 for Asian/Pacific Islanders. From 1991 to 1998, the stroke death rate for Hispanics was 75 per 100,000, compared with 129 per 100,000 for Asian/Pacific Islanders, 209 per 100,000 for African Americans, and 145 per 100,000 for whites.

Although Hispanics have low rates of chronic disease compared with whites and other racial and ethnic minorities, they have high rates of risk factors for chronic diseases, such as inactivity, poor nutrition and overweight. According to 2003 data from CDC's Behavioral Risk Factor Surveillance System, Hispanics in Oregon had high levels of physical inactivity (37.8%, compared with 16.4% of whites) and low fruit and vegetable consumption (80.9% of Hispanics consumed less than 5 fruits and vegetables per day, compared with 75.7% of whites). Oregon's Hispanics also reported high levels of overweight; in 2003, 42.9% of Hispanics were overweight, compared with 36.2% of whites.

## Other Disparities

- **Breast Cancer:** Although the incidence of breast cancer among African American women was lower than among white women in Oregon from 1998 to 2000 (125.2 per 100,000, compared with 147.8 per 100,000), African American women had a higher breast cancer death rate in 2000 (32.2 per 100,000, compared with 26.4 per 100,000).
- **Prostate Cancer:** In Oregon between 1997 and 2001, African American men had a higher prostate cancer death rate than white men (56.7 per 100,000 compared with 32.5 per 100,000).

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E-mail: [ccdinfo@cdc.gov](mailto:ccdinfo@cdc.gov) | Web: <http://www.cdc.gov/nccdphp>